

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

2006

1131

Lobbyist's Registration Number

**FOR OFFICE USE ONLY**

Postmark Date: 12/05/05

Ren. 2006

#12151

\$110.00 US

**Instructions**

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME MARRETTA GEORGE J.  
Last First MI2. BUSINESS PHONE 225-344-5001  
Area Code and Phone Number3. BUSINESS ADDRESS 700 N. 10th Street Baton Rouge, LA 70802  
Street and No. City State ZipMAILING ADDRESS P.O. Box 4327 Baton Rouge, LA 70821  
Street and No. City State Zip4. EMPLOYER Louisiana Municipal Association5. EMPLOYER'S ADDRESS 700 N. 10th St. Baton Rouge, LA 70802  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Municipal AssociationAddress 700 N. 10th Street Baton Rouge, LA 70802Business or purpose Non-profit organization providing services to municipal governmentsDoes this person pay you? Yes

If No, who pays you? \_\_\_\_\_

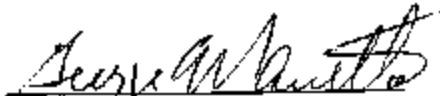
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2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY